

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/20/2009
NAME OF PROVIDER OR SUPPLIER NATIONAL CHILDREN'S CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1501 GALLATIN ST, NE WASHINGTON, DC 20017		
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I 000	INITIAL COMMENTS A licensure survey was conducted on March 20, 2009. A random sample of three residents was selected from a resident population of four males and two females with various degrees of disabilities. The findings of this survey were based on observations at the group home, interviews with the direct care staff and the administrative staff, as well as a review of clinical and administrative records, including incident reports.	I 000			
I 161	3507.2 POLICIES AND PROCEDURES The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the governing body approved and reviewed its policies and procedures annually. The finding includes: Interview with the Program Coordinator (PC) and review of the policies and procedures' manual on March 20, 2009, failed to provide evidence that the manual had been reviewed and approved by the governing body. At the time of the survey, the last review of the facility's policies and procedures manual could not be determined.	I 161	<i>Received</i> <i>4-21-09</i> I 161 NCC Policies and Procedures will be located on the shared drive for the CEO to review. The CEO will access the policies annually and will approve them via e-mail. The approved policies and procedures will be forwarded to the program.	04/24/09	
I 203	3509.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter.	I 203			

Health Regulation Administration

REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

FORM

PK3511

If continuation sheet 1 of 7

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I 203	Continued From page 1 This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the supervisor discussed the contents of job descriptions with each employee at the beginning of their employment and annually thereafter. The finding includes: Review of the GHMRP's personnel files on March 20, 2009, at 12:15 PM revealed the GHMRP failed to provide evidence that four direct care staff had the contents of their job descriptions discussed with them at the beginning of their employment and/or annually thereafter.	I 203	I 203 House Managers/Residential Supervisors will ensure that Job Descriptions are reviewed and signed annually. Compliance Specialist will review annually to assure compliance.	05/01/09	
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform the required duties for (seven of the thirteen) files reviewed. The finding includes:	I 206			

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I 206	Continued From page 2 Interview with the Compliance Specialist on March 20, 2009, and review of the GHMRP's personnel records at 12:15 PM revealed that the GHMRP failed to provide evidence that current health certificates were on file for three direct care staff and three consultants.	I 206	I 206 The NCC residential Compliance Specialist has developed and implemented a monitoring checklist and data base that will identify the status and track all compliance areas to include health certificates.	04/24/09	
I 222	3510.3 STAFF TRAINING There shall be continuous, ongoing in-service training programs scheduled for all personnel. This Statute is not met as evidenced by: Based on interview and record verification, the GHMRP failed to ensure continuous, ongoing in-service training programs were conducted for all personnel. The findings include: Interview with the Compliance Specialist and review of the facility's incident reports on March 20, 2009, beginning at approximately 11:14 AM revealed Resident #1 was involved in an incident dated May 20, 2008. Review of the incident report revealed that two direct care staff reported that they discovered a pill on the stairwell that belonged to Resident #1. Continued review of the incident report revealed that the staff had not reported the incident until May 22, 2008. According to the incident report, a recommendation was made to retrain the two direct care staff on "Incident Reporting." At the time of the survey, there was no documented evidence that the two staff had been retrained on incident reporting as recommended.	I 222	I 222 NCC Compliance Specialist and Management team will review recommendations monthly with the NCC Incident Manager. The two staff involved in the incident were retrained in Incident Reporting on 4/24/09.	04/24/09	

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I 271	Continued From page 3	I 271			
I 271	3513.1(b) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency's inspection, at any time, the following administrative records: (b) Personnel records for all staff including job descriptions either at the GHMRP or in a central office and made available upon request; This Statute is not met as evidenced by: Based on record review, the GHMRP failed to provide evidence of personnel records for all staff. The finding includes: Interview with the Compliance Specialist on March 20, 2009, and review of the GHMRP's personnel records at 12:15 PM revealed that the GHMRP failed to provide evidence of a personnel file for the Program Coordinator. At the end of the survey, no additional information was made available.	I 271	I 271 NCC Program Coordinator's personnel file is available and will be reviewed annually by the compliance specialist.	04/13/09	
I 401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to ensure nursing services in accordance with the needs of two the three residents included in the sample. (Residents #1	I 401			

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I 401	Continued From page 4 and #3) The findings include: 1. The GHMRP failed to ensure that Resident #1's annual PPD had been completed as recommended in the February 25, 2009 Annual Physical Assessment. According to the medical records and the review of monthly nursing progress notes, the last PPD was completed on March 7, 2008. 2. The GHMRP failed to ensure that Resident #2's annual PPD had been completed as recommended in the June 17, 2008 Annual Physical Assessment. According to the medical record and the review of monthly nursing progress notes, the last PPD was completed on January 1, 2008.	I 401	I 401 NCC nursing department will ensure that all residents annual PPD's are completed during the annual Physical Assessment. (See Attachment #2)	03/25/09	
I 407	3520.9 PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall obtain from each professional service provider a written report at least quarterly for services provided during the preceding quarter. This Statute is not met as evidenced by: Based on observation, staff interview and record review, the Group Home for Mentally Retarded Persons' failed to provide evidence of a written quarterly report for three of the three residents (Residents #1, #2, and #3) included in the sample. The finding includes: The facility failed to ensure pharmacy reviews were conducted for each sampled resident.	I 407			

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I 407	Continued From page 5 Review of Residents #1, #2, and #3's medical records on March 20, 2009, between 3:00 and 4:00 PM revealed pharmacy reviews were conducted consistently on a quarterly basis. However from June 10, 2008 to November 11, 2008 (5 month period) there was no evidence that a pharmacy review had been completed. Interview with the Licensed Practical Nurse (LPN) verified that pharmacy reviews were to be conducted quarterly and could not explain why there was a delay in conducting the pharmacy review.	I 407	I 407 NCC Management met with NeighborCare on 3/26/09 and determined the pharmacist will review records quarterly.	3/26/09	
I 442	3521.7(I) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (I) Time management (including use of leisure time, scheduling activities); This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure the clients' right to be taught to manage their financial affairs to the extent of their capabilities for one of the three residents in the sample. (Residents #3) The finding includes: Interview with the Program Coordinator (PC) on March 20, 2009 revealed that Resident #3 receives a Stipend for \$5.15 per hour from his day program. Continued interview with the PC revealed that facility deposits the resident's check and the resident did not have the opportunity to participate.	I 442	I 442 NCC will conduct a financial assessment to determine his ability to manage his funds. Based on this assessment a goal will be developed in the deficient areas.	05/01/09	

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Review of Resident #3's habilitation record on March 20, 2009 beginning at 3:00 PM revealed a financial assessment checklist dated December 12, 2008 that outlined his current skills and specific needs. According to the assessment, although completing a deposit slip was determined not to be applicable, interview with the client revealed that he was interested in participating in managing his money to the best of his capability.

At the time of the survey, there was no documented evidence that Residents #3 was taught to manage his finances to the extent of his capability.

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R 000	INITIAL COMMENTS A licensure survey was conducted on March 20, 2009. A random sample of three residents was selected from a resident population of four males and two females with various degrees of disabilities. The findings of this survey were based on observations at the group home, interviews with the direct care staff and the administrative staff, as well as a review of clinical and administrative records, including incident reports.	R 000			
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure criminal background checks disclosed the criminal history of any prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker had worked or resided within the seven (7) years prior to the check for one of the thirteen personnel records. The finding includes: Interview with the Program Coordinator (PC) on March 20, 2009, beginning at approximately 12:15 PM revealed that his personnel record was not available for review. At the time of the survey, a criminal background check for the	R 125	R 125 NCC Program Coordinator's personnel file and background check is available and will be reviewed annually by compliance specialist.	04/24/09	

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0699

PK3511

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R 125	Continued From page 1 facility's PC could not be verified.	R 125			